Inspection Report of the		Laborato	ory for Provi	isional Approval to Perform PPQ Diagnostic Tests for <i>P. ramorum</i> Date:  Laboratory:	
	Examined	Compliant	Supporting	Inspected By:	
	Y/N	Compliant Yes/No/NA	Supporting	Comments/Concerns	
I. General Information	1/11	103/140/14/4	Documents	Comments/Concerns	
A. Personnel - contact name/title					
B. Lab Layout on File					
C. Bios of Accountable Officials					
D. Equipment List					
Brief Description of Lab Environment:					
II. Receipt	1		T		
A. SOP for delivery and notification of AO					
D.T. 0: 17.1.					
B. Temporary Storage before log-in					
III. Log-In					
A. Room for log-in					
7.1. 1.00 101 log					
B. Personnel					
C. Are procedures adequate to insure					
sample integrity?					
D. Log-in system					
1. Form 391					
2. File setup and storage					
	-				
E. Storage of samples					
IV. Sub-Sampling					
A. Personnel					
B. Sampling room and ventilation					
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	Examined	Compliant	Supporting	
	Y/N	Yes/No/NA		Comments/Concerns
C. Pre- and Post-sample sanitation	Y/IN	res/Ino/INA	Documents	Comments/Concerns
(UV, bleach solution, etc.)				
D. Flame source				
E. Disposables				
(gloves, kimwipes, sample containers, etc.)				
F. Lab wear				
(Lab coat, etc)				
G. Handling equipment and procedure				
(forceps, scaplel, etc)				
H. Written procedures for tracking and handling				
samples?				
Are procedures adequate to insure sample				
integrity?				
J. Sample Process				
V. ELISA			•	
A. Personnel - contact name/title				
B. Training/Training Records				
C. Knowledge of procedures				
D. Tissue masceration/preparation				
E. Agdia kit/Written procedures				
F. ELISA plate reader				
·				
G. Written and electronic records				
VI. DNA Extraction				
A. Personnel contact name/title				
B. Training/Training Records				
C. Knowledge of procedures				
Ĭ .			1	
D. Qiagen kit and/or writtem procedures,	1			
with review of deviations or modifications				
E. Equipment maintenance				
1-1				
F. Overall cleanliness of laboratory work area				
The state of the s				
<u> </u>	1		1	

	Examined	Compliant	Supporting	
	Y/N	Yes/No/NA		Comments/Concerns
G. Extra reagents and equipment	17.13	100/110/11/1	Documento	Sommonia, Concomb
2. Zana reageme ana equipment				
Liquid Nitrogen				
1				
Dedicated pipettes				
3. Ice machine				
Beat beater or tissue mascerator				
5. Lab coats				
H. Disposables				
1. Gloves				
Barrier pipette tips, microcentrifuge tubes				
Reagent grade ethanol				
VII. Real-Time PCR			1	
A. Personnel - contact name/title				
B. Training/Training Records				
C. Knowledge of procedures				
<b>-</b>				
D. Written procedures				
E. Reagents				
E. Reagents				
Polymerase used				
1. Folymerase useu				
2. Primers				
Z. Fillileis				
3. Probes				
3. Hobes				
Validation of controls	-			
1. Validation of controls				
F. Equipment				
Sequence Detector				
Coquanto Botoloi				
Dedicated micropipettes	1			
1 2. 23aloutou illiotopipottos	Í	ı	ī.	

	Examined	Compliant	Supporting	
	Y/N	Yes/No/NA	Documents	Comments/Concerns
	.,,,	100/110/11/	2 dodoo	
Sticky floor mats in key locations				
or energy need made in neg recallent				
G. Other				
VIII. Nested PCR	-		•	
A. Personnel - contact name/title				
B. Training/Training Records				
C. Knowledge of procedures				
D. Written procedures				
E. Reagents				
Platinum Taq				
(500 U)				
2. Primers, 3 sets				
(Phyto 1/4, Phyto 2/3, NS1/NS2)				
Validation of controls				
F. Equipment				
Thermocycler				
Dedicated micropipettes				
Sticky floor mats in key locations				
G. Other				
IX. Gel Electrophoresis and Documentation	_		•	
A. Location				
B. Type of Gel Electrophosesis unit			]	
(capacity)				
C. Power Supply			]	
(quantity and/or back ups, timing)				
D. Agarose				
pecentage				
E. Staining Procedure			]	
destaining?				
F. Gel Documentation system				

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	Examined	Compliant	Supporting	
	Y/N	Yes/No/NA	Documents	Comments/Concerns
written and/or electronic records	+			
X. Laboratory Equipment/Environment	,	1	1	
A. Maintenance Schedules				
B. Performance Checks				
C. Cleaning/Changing of Reagents				
D. Cleaning of work areas				
E. Water quality monitoring				
F. Temperature/humidity checks				
G. Pipette calibration checks	1			
G. 1 ipolic calibration chocks				
H. Monitor freezer/refrigerator temperatures				
H. Worldon neezer/reingerator temperatures				
XI. Interpretation				
	1		1	
A. Personnel - contact name/title				
	+			
B. Training/Training Records				
C. Understanding of procedures				
D. Written procedures				
E. QA/QC				
Internal/In house review/Sample rejection				
criteria				
a. Knowledge of procedures				
b. Written procedures				
			1	
External (Understanding USDA procedures/			1	
Criteria (Onderstanding COB/A procedures)				
XII. Reporting	1		1	
A. Personnel - contact name/title				
A. I GISOTHIGH CONTROL HARME/IIIIB			1	
D. Tarinia a (Tarinia a December)	1		-	
B. Training/Training Records				
	1		<u> </u>	

	Examined	Compliant	Supporting	
	Y/N	Yes/No/NA	Documents	Comments/Concerns
C. Understanding reporting chain of command -				
USDA vs. local				
D. Written procedures				
E. Recognition of non-conforming work				
XIII. Understanding of USDA Expectations/Procedu	ures			
A. Discussion				
B. Reagent purchasing procedures				
C. Billing procedures				
D. Names of contact person(s) for the above				

Note: How to read this checklist.

Yes in 'Compliant' Column – lab is fully compliant on the specific requirement stated in that row.

No in 'Compliant' Column – lab has refused or is unable to be compliant on the specific requirement stated in that row.

Yes in 'Examined' Column – lab has been examined on the specific requirement stated in that row and:

1) a recommendation has been made to achieve and/or maintain full compliance.

Or

2) a condition or document needed for compliance needs to be completed.

No in 'Examined' Column – lab did not have requirement available for view at time of visit.

If both Columns are empty – This requirement is not applicable for the lab and/or process used by the lab for this diagnostic.